

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

142

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Miami County Gila No. St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
Female			

DATE OF BIRTH* June 8 1928
(Month) (Day) (Year)

FULL NAME FATHER
Ben Cid Novoa

FULL MAIDEN NAME MOTHER
Ernestina Ortega

I HEREBY CERTIFY that the child described
herein has been named
Nadine Novoa

(Give name in full) (Surname)

E. Novoa
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

551-608-561